

CLAIM SCHEDULE

STD. 218DD (REV. 6-94)

USE THIS CLAIM SCHEDULE TO SUBMIT
EFT TRANSACTIONS ONLY

(Do not write in this space)

PAYABLE FROM	FUND	SUB	FUND NAME									
	AGENCY NUMBER		AGENCY NAME									
APPROPRIATION	STAT. YR.	METH	REFERENCE/ITEM	SEQ.	FFY	CHAPTER	STATUTES					
	PURPOSE											

FED. CATALOG NUMBER	SCO PROJ.	CATEGORY	PGM	ELE.	COMP	TASK	GENERAL LEDGER	RECEIPT OBJECT	F/S	AMOUNT	DESCRIPTION

SCHEDULE NUMBER	
AUDIT CODE	SCH. TYPE
PRINT WARR. DATE	
ISSUE WARR. DATE (REQUEST)	

REEL NUMBER	TOTAL OF SCHEDULE
TAPE DENSITY	NUMBER OF PAYMENTS
DATA SET NAME (Optional)	RECORD COUNT

LINE NO.	P.O. NO. or "C"	CLAIMANT	AMOUNT

DATE ISSUED (ACTUAL)		CONTROLLERS WARRANT NUMBERS
SIGN	CALC.	
PURCH.	CONTR.	
CORRECTIONS ENTERED		

I hereby certify under penalty of perjury as follows:			TOTAL OF SCHEDULE
That I am a duly appointed, qualified, and acting officer of the herein named state agency. That the respective amounts and payees included in this claim have been recorded on that certain electronic tape identified in the within schedule. That a written reproduction, listing each payee and the amount of payment, was prepared from said tape and will be retained as a part of the official records of said state agency, or the information so provided will be retained on electronic tape. That the respective amounts, payees, and totals are true and correct as set forth on said electronic tape and in said written reproduction, or retained on electronic tape. The original claim documents, or reproductions thereof, have been retained and are maintained in a manner that will enable verification of the propriety of the amounts claimed. That payments are properly payable to each and all of the claimants as contained therein, and that such payments are authorized in the amounts, for the period, and to the respective payees as indicated therein under all governing laws and regulations. That I have not violated any of the provisions of Section 1090 to 1096, inclusive, Government Code.			
SIGNED	TITLE	DATE SIGNED	
APPROVED (If required)			

AUDITED	APPR. PAY.
F/A BAL. OK	WARR. OK
REPORTABLE PAYMENTS PER S.A.M. 8422.190	
NUMBER AMOUNT	
\$	
TOTAL SUBJECT TO USE TAX	
\$	